



Office of Health Facilities

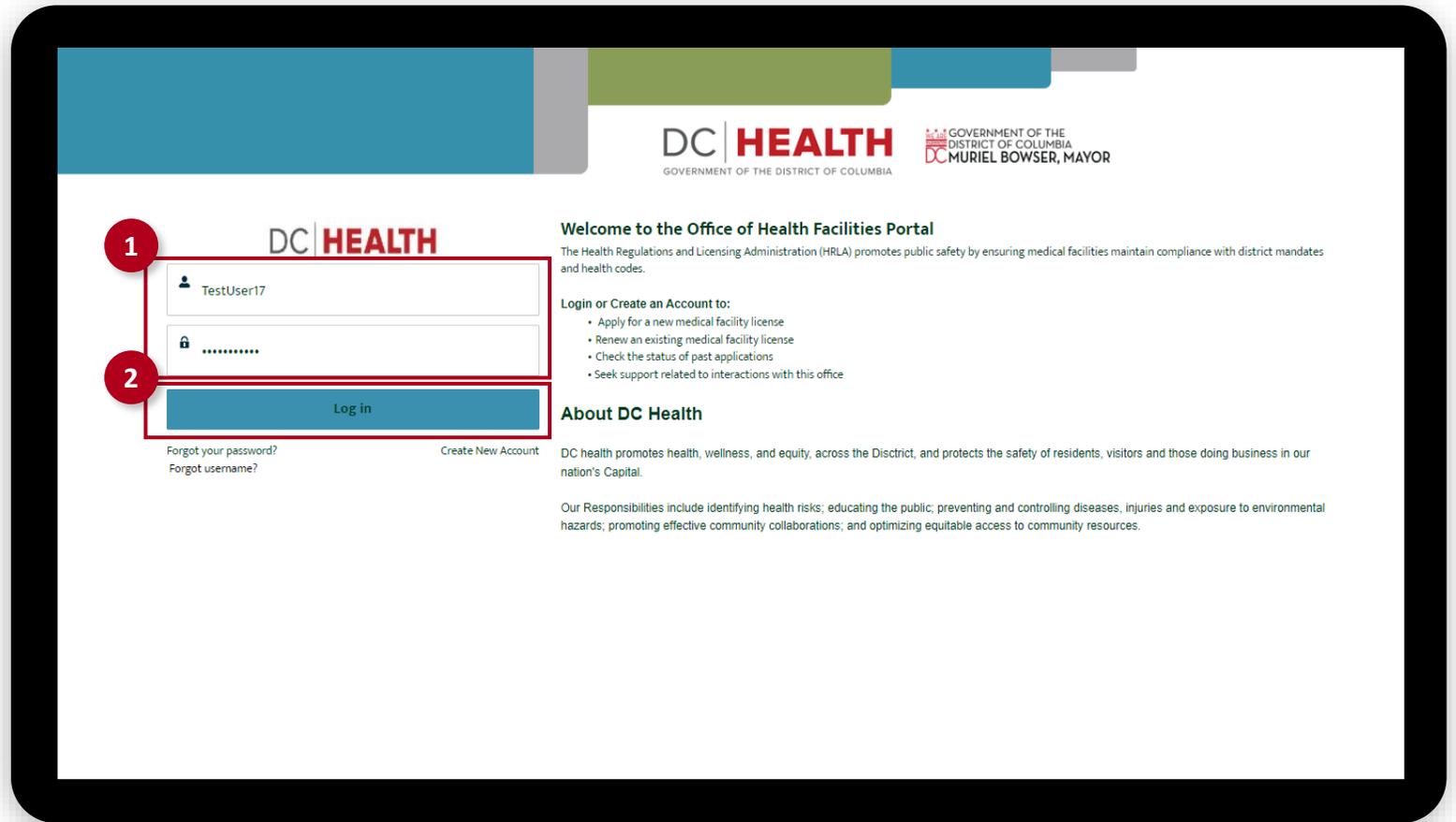
Application for Renewals

Reference Guide for New Applicants

Let's begin!

Log In to the Platform

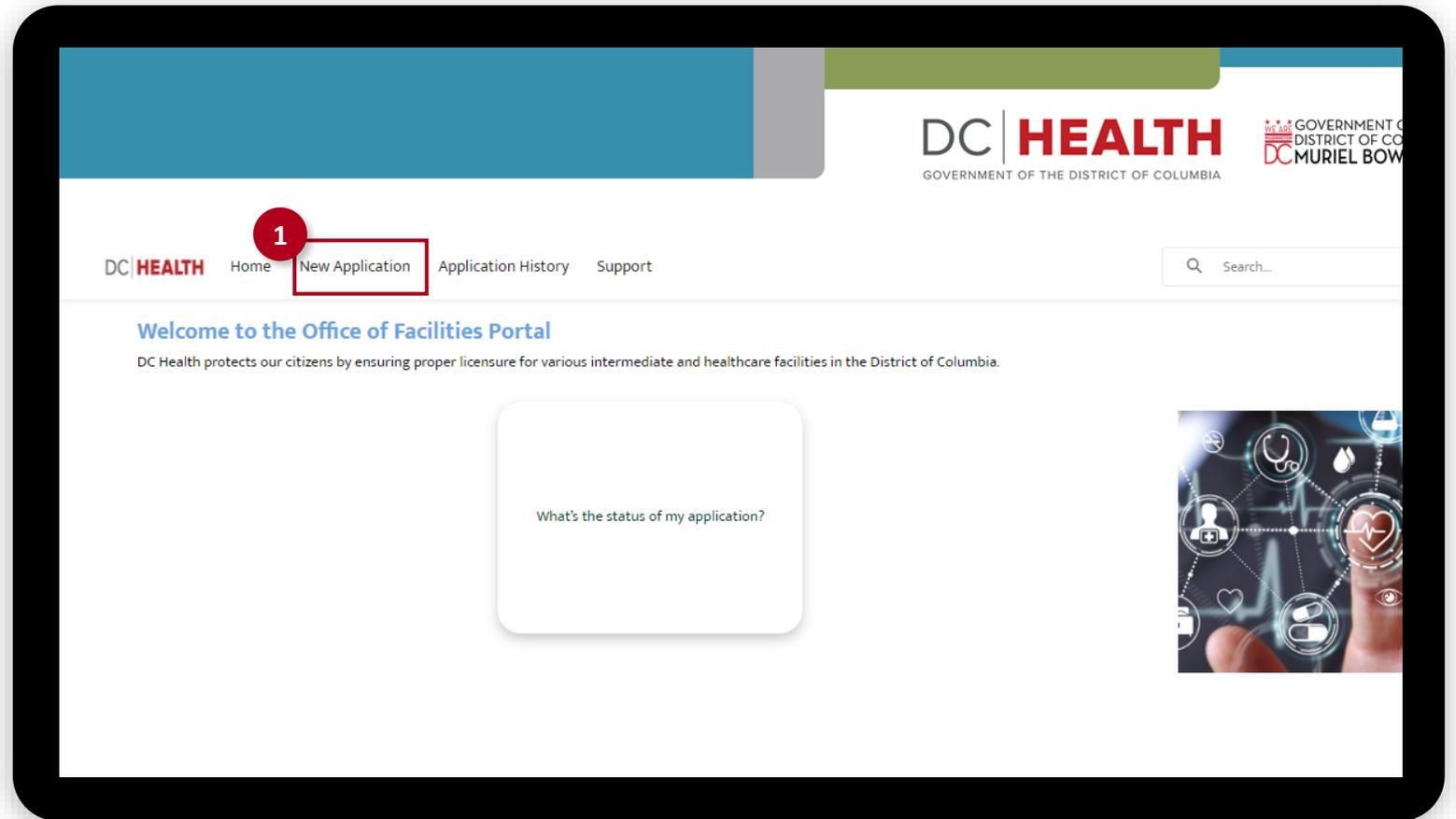
- 1 Enter your username and password.
- 2 Click the Log In button.



TIP: If you don't have an account click the **Create New Account** link.

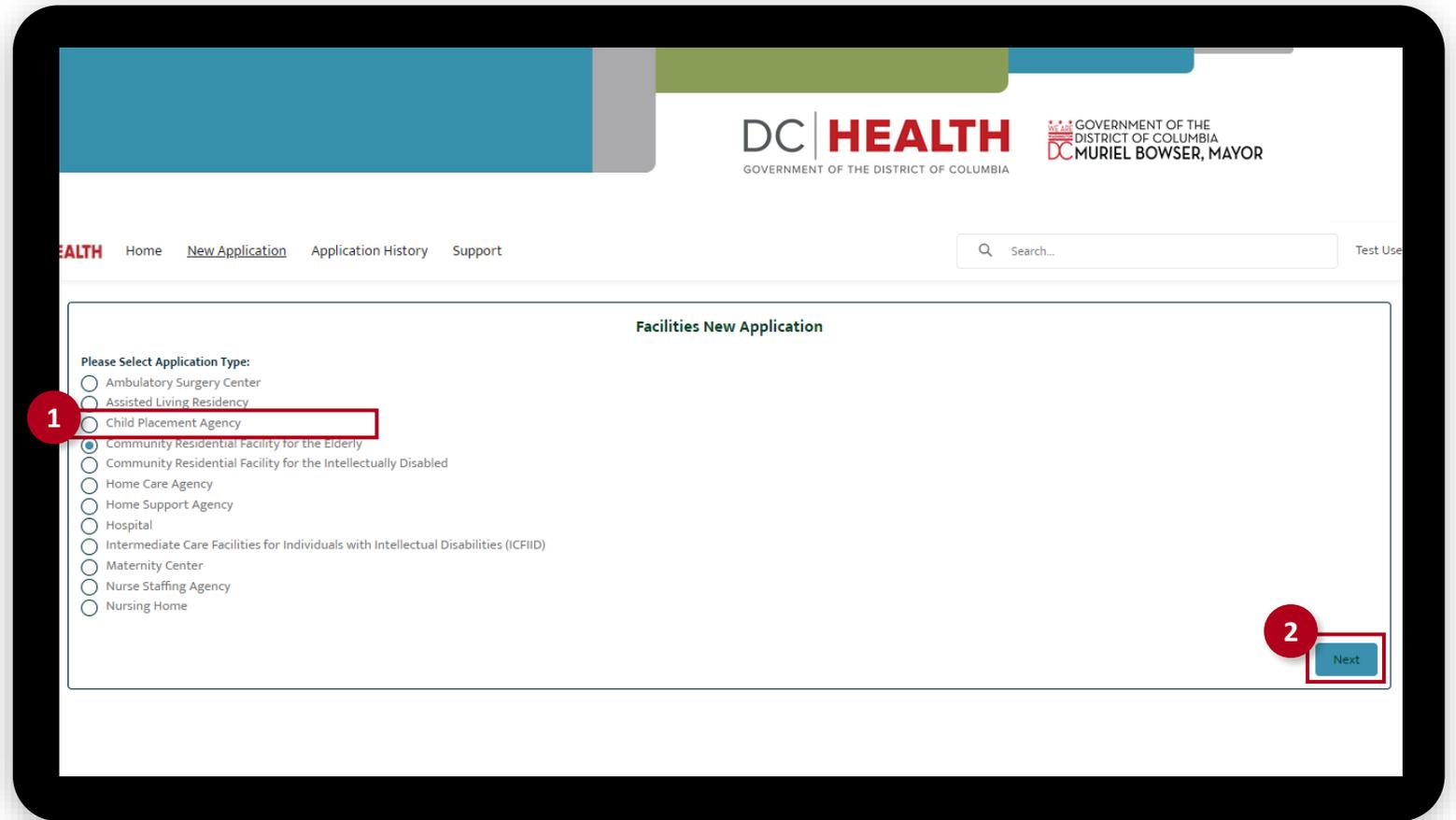
Navigate to the New Application Screen

- 1 Once you Log in to the Office of Facilities Portal, click the **New Application** tab.



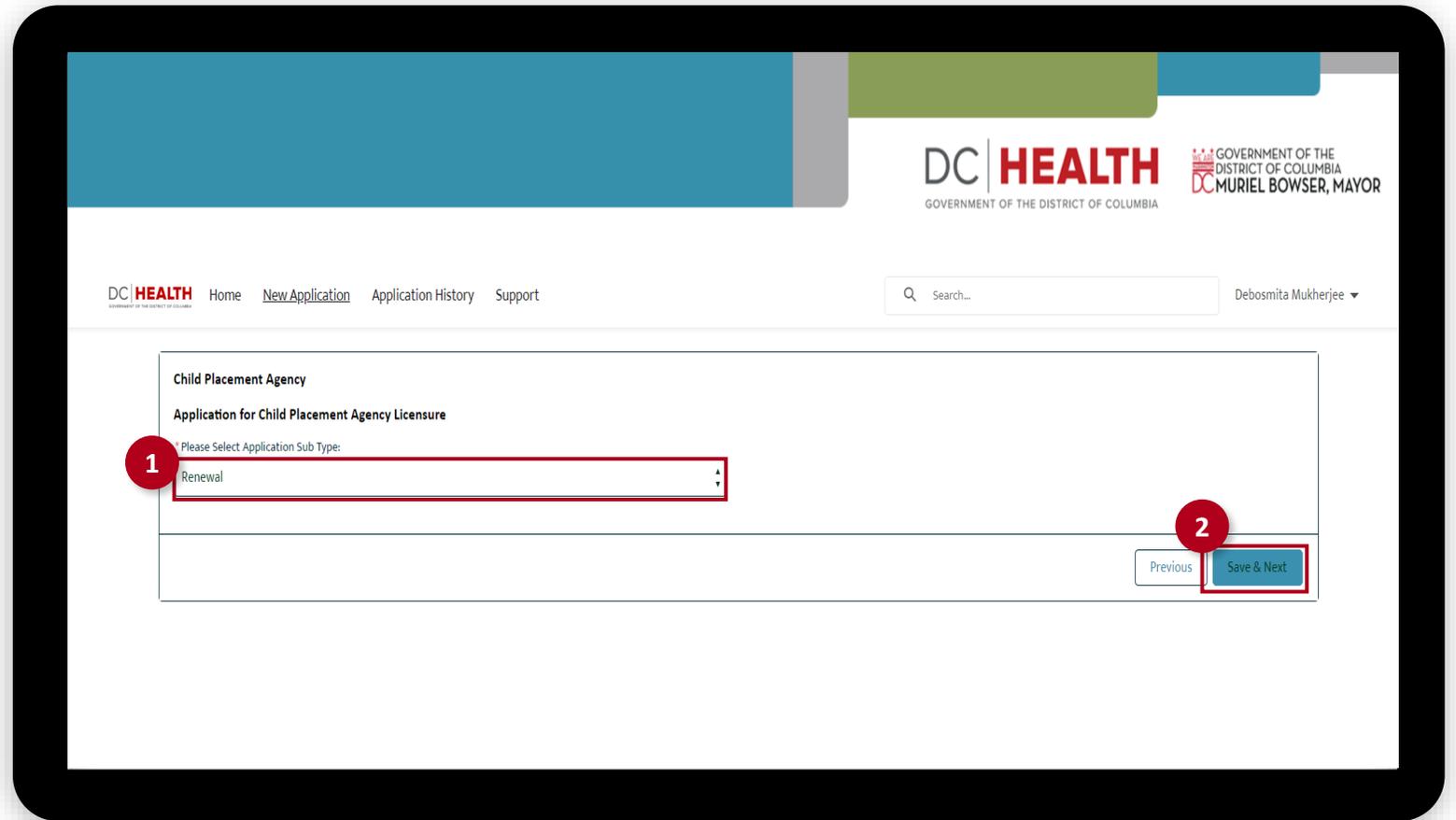
Select the Application Type

- 1 Select the Child Placement Agency option from the list.
- 2 Click the Next button.



Select the Application Sub Type

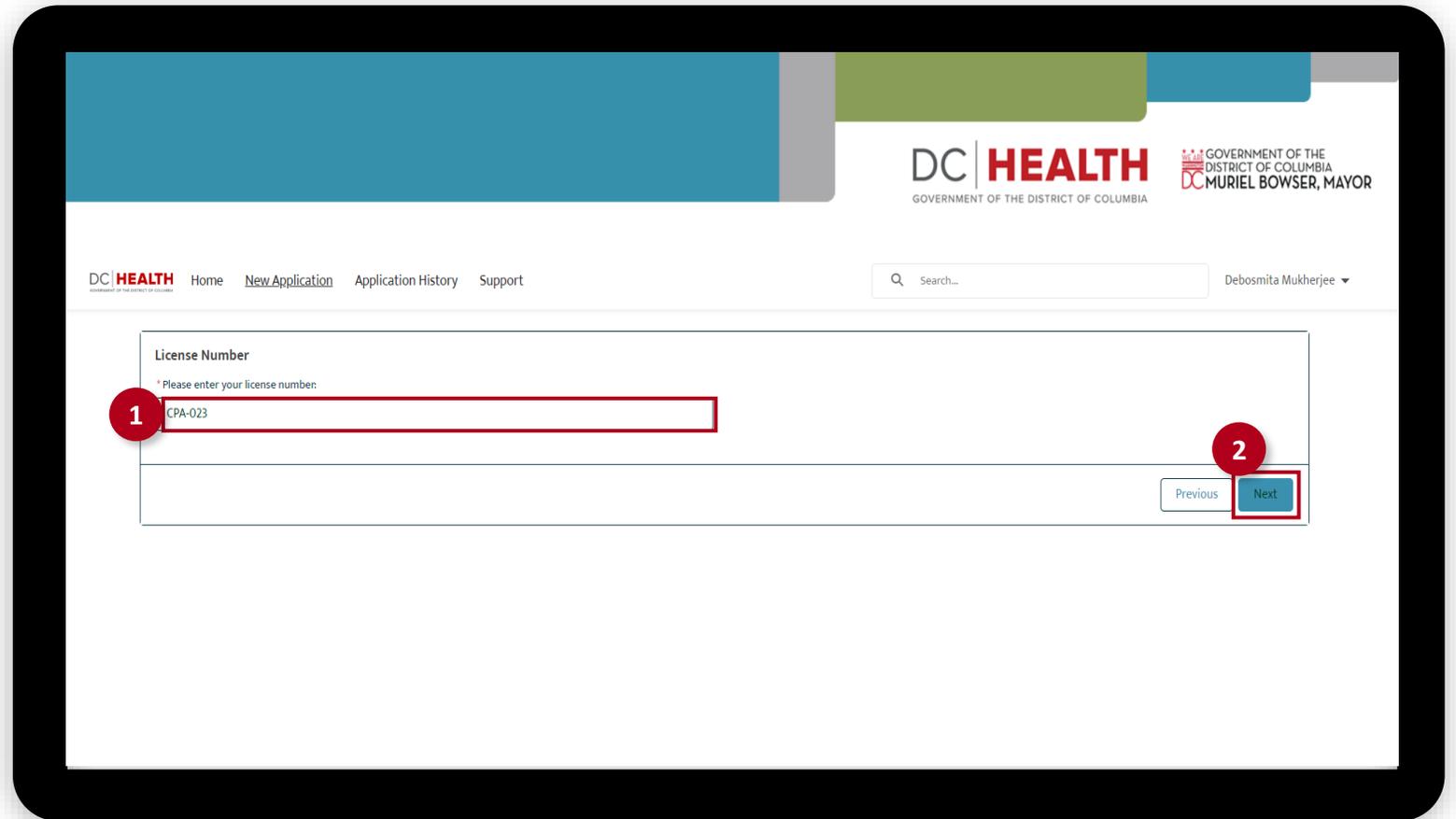
- 1 Select the **Change** option from the drop-down list.
- 2 Click the **Save & Next** button.



Enter License Number

The licensee is the legal entity who has the ultimate responsibility and authority for the conduct of the facility.

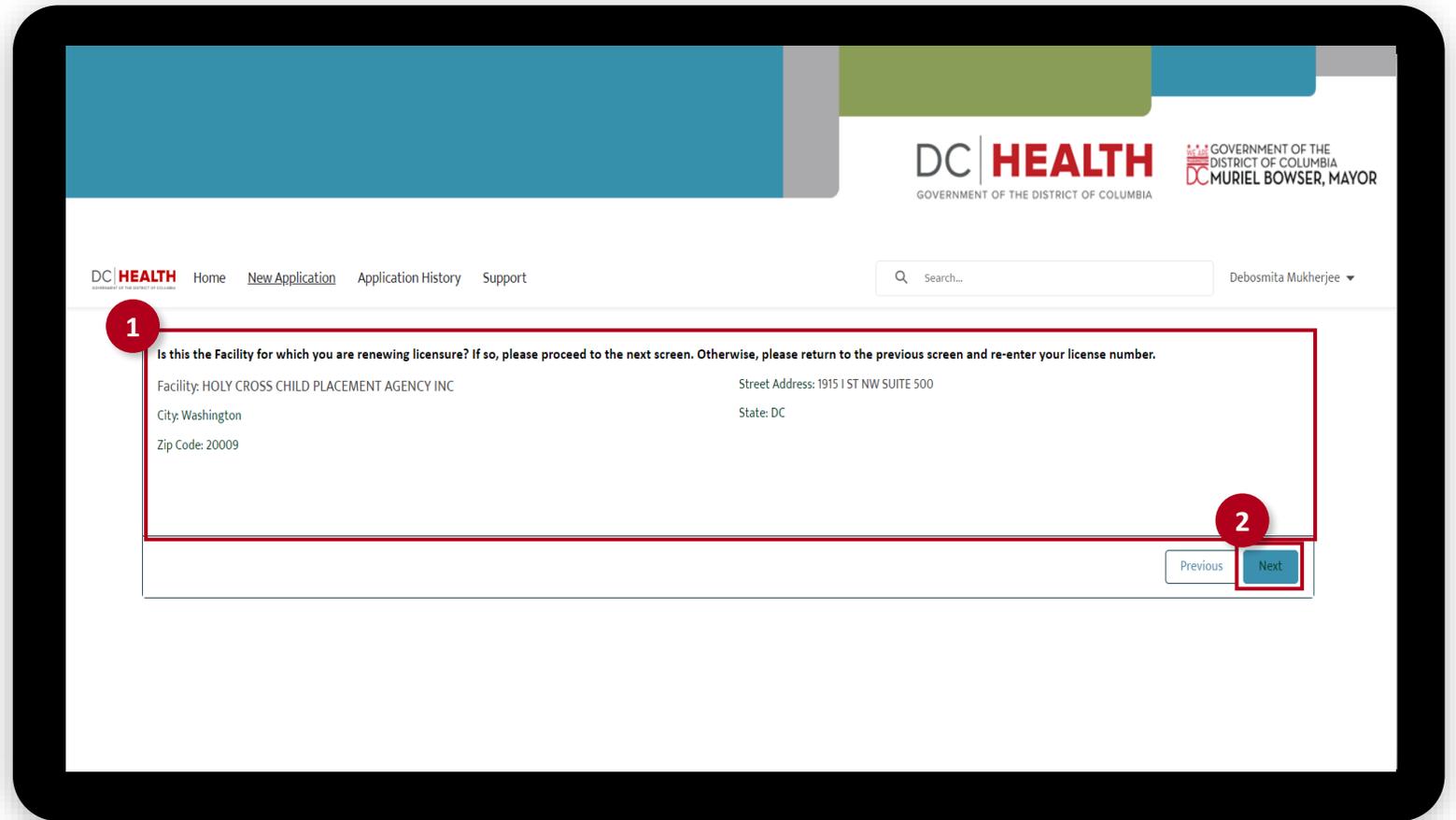
- 1 Enter your license number in the License Number field.
- 2 Click the Next button.



The fields marked with * are mandatory and must be filled out to continue.

Verify the License Information

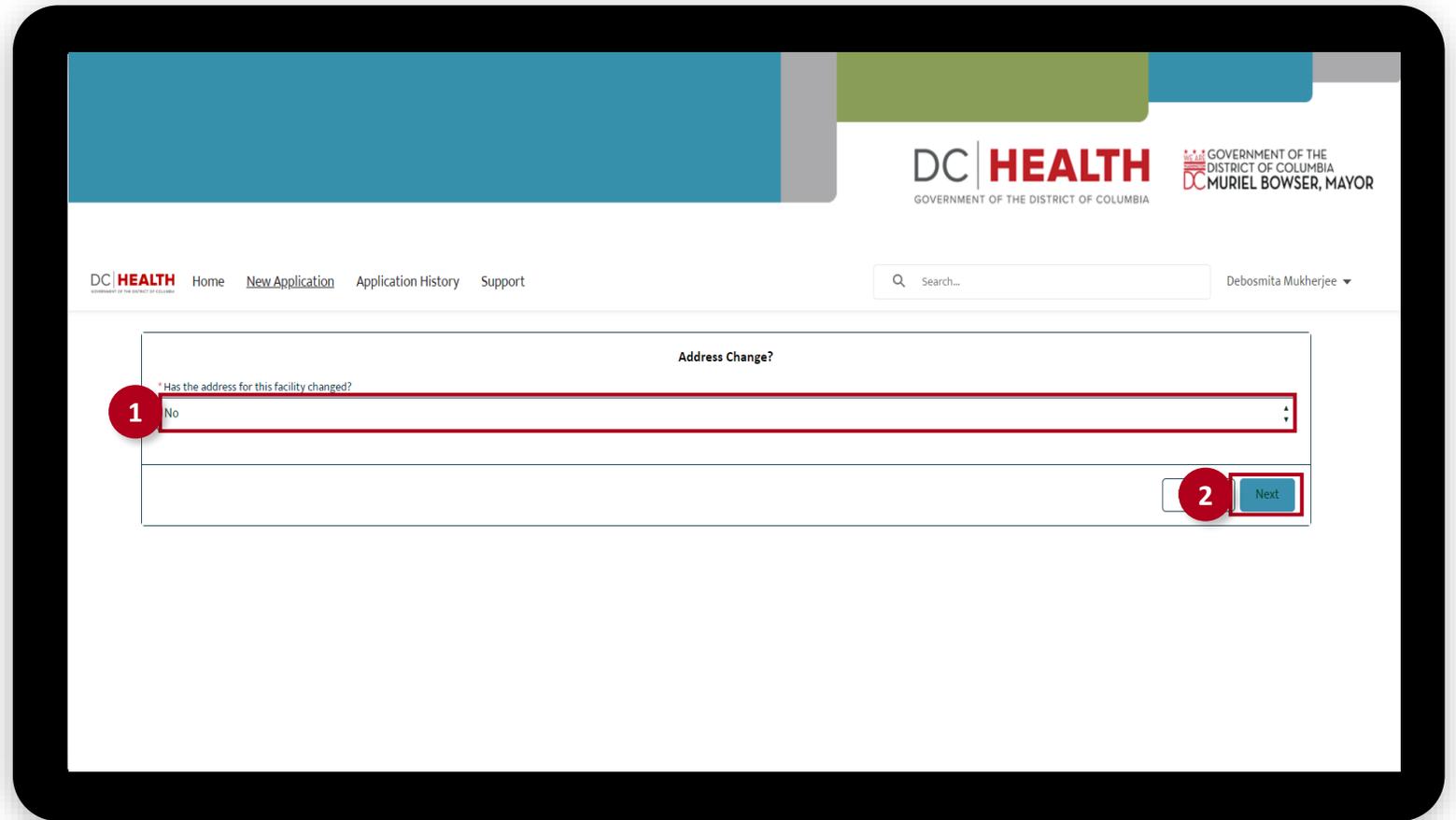
- 1 Verify the details of the license.
- 2 Click the **Next** button.



The fields marked with * are mandatory and must be filled out to continue.

Edit Address

- 1 Select the **No** option from the drop-down list.
- 2 Click the **Next** button.



The fields marked with * are mandatory and must be filled out to continue.

Edit the Application Information

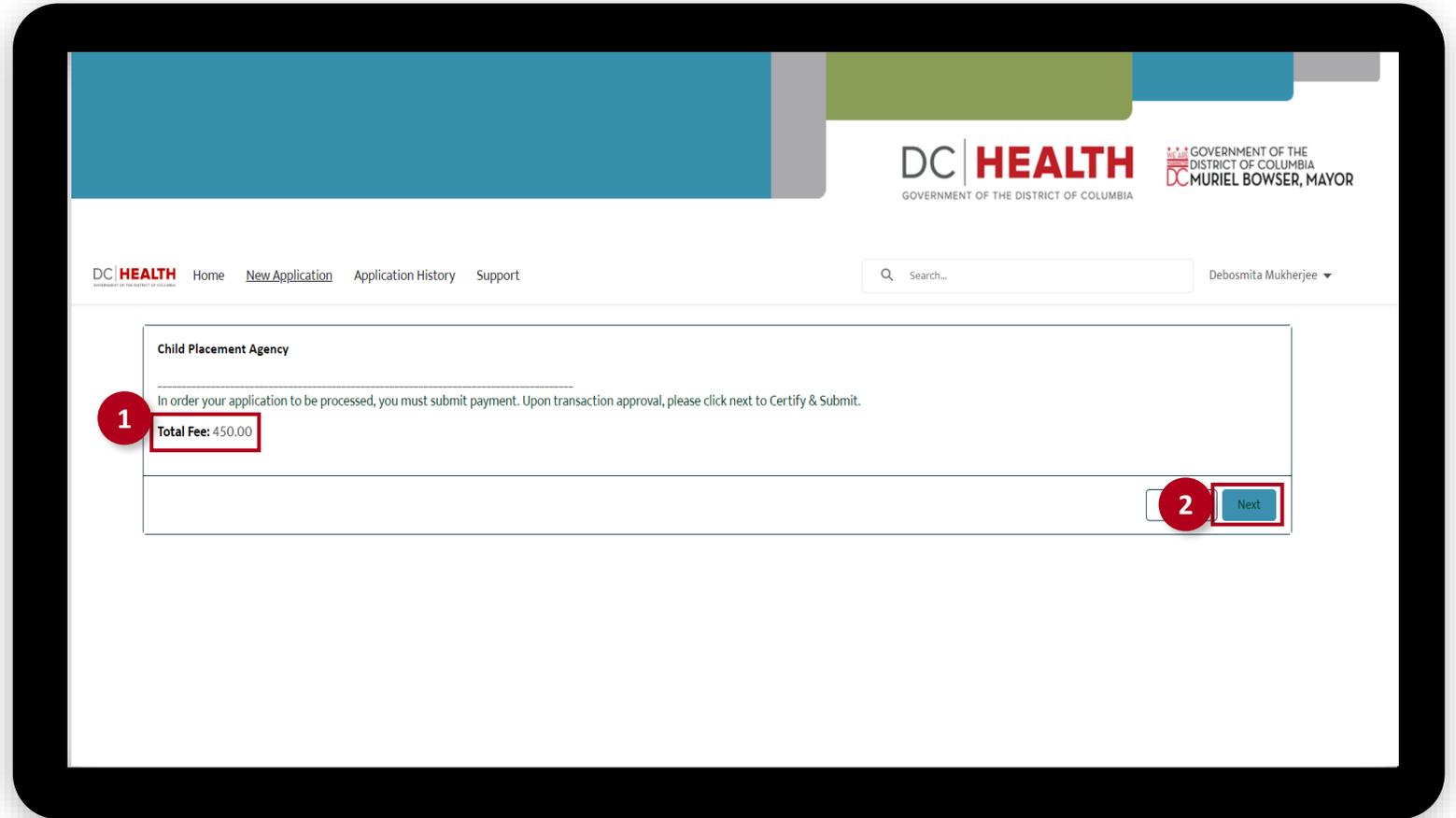
- 1 Edit relevant details of the Application.
- 2 Click the Save & Next button.

The screenshot shows a web application interface for DC Health. At the top right, there are navigation arrows. Below the header, the DC Health logo and the Government of the District of Columbia logo with Mayor Muriel Bowser's name are visible. A navigation menu includes Home, New Application, Application History, and Support. A search bar and a user profile dropdown for Debosmita Mukherjee are also present. The main content area is titled 'Child Placement Agency' and contains a form for 'Applicant Information'. The form fields are: First Name (Tristian), Middle Name (empty), Last Name (Bruen), Street Address (58662 Angelina Park), City (Carrollfurt), State (ME), Zip Code (06341), Telephone (549-510-6821), Email (your.email+fakedata70946@gmail.com), and Relationship of Applicant(s) to Child Placing Agency (82 Zieme Point). A 'Save & Next' button is located at the bottom right of the form. Red circles with numbers 1 and 2 highlight the form area and the button respectively.

The fields marked with * are mandatory and must be filled out to continue.

Payment Selection

- 1 Verify the **Total Fee** of the transaction.
- 2 Click the **Next** button.



Payment Wizard



1 Fill out the **Billing Address** and **Payment Info** fields.

2 Click the **Pay** button.

DC HEALTH Home [New Application](#) Application History Support

Sequi voluptas maiores nam. Test Users5

Payment Wizard

Please complete the payment for your application using the form below. Click "Pay" when you are done inputting your payment details. If you are unable to pay at this time, you may exit this saved draft and return to it in the "Application History" tab of the portal header later.

After your payment has processed, click "Next" below to certify and submit the application. Your application will not be reviewed until these steps have been completed.

1

Billing Address	Payment Info
2879 Ortiz Crest	Solon Miller
788 Gottlieb Pass	3782 822463 10005
Fort Joan	09 / 25
Oregon ?
16913-4451	

2 Pay \$390.00

Click the Next button at the bottom of this page to Certify & Submit the application.

Previous Next

Fill out the Principals/Officers Information

- 1 Fill out all the required fields.
- 2 Click the **Save & Next** button.

The screenshot shows a web form titled "Name the principals/officers of the licensee: (such as, CEO, President, VP, Secretary, Treasurer, Director)". The form is for "Principal/Officer of the Licensee - 1". It contains several input fields, some of which are marked with an asterisk (*) to indicate they are mandatory. The fields and their values are: First Name (Brittany), Middle Name (Lavinia Hudson), Last Name (Dibbert), Street Address (29299 Alva Shore), City (Daniellastead), State (AK), Zip code (20001), Telephone Number (172-865-5359), Email (your.email+fakedata39187@gmail.com), and Title (Doctor). There is a checkbox labeled "Add more Principal/Officers?" and a "Save & Next" button. A red box highlights the "Save & Next" button, and a red circle with the number "2" is placed over it. Another red circle with the number "1" is placed over the "Principal/Officer of the Licensee - 1" header.



TIP: If you need to add multiple Principals/Officers, select the **Add more Principal/Officers?** box.

*The fields marked with * are mandatory and must be filled out to continue.*

Fill out the Facility Staffing Information

1 Fill out all the required fields.

2 Click the **Save & Next** button.

Facility Staffing

Residence Director:

* Prefix: Mr. * Name: Samir Maggio

* Title: Legacy Mobility Executive * Highest Level of Education Completed: Veum LLC

* Name of Qualified Mental Retardation Professional (QMRP): Margarita O'Connell

Other Professionals on Staff, if applicable

Director of Nursing	Primary Care Physician(s)
Name: Tad Gusikowski	Name: Elouise Hoeger
Licensed Practical Nurse(s)	Trained Medication Employee(s)
Name: Stanton Becker	Name: Alexys Pfeffer
Live-In Staff	
Name: Jarvis Sipes	

Save & Next

The fields marked with * are mandatory and must be filled out to continue.

Fill out the Insurance Coverage Information

- 1 Fill out all the required fields.
- 2 Click the **Upload Files** button if needed to attach relevant documents.
- 3 Click the **Save & Next** button.

Insurance Coverage

Attach documentary evidence of financial responsibility on the part of the applicant as stipulated below

1 Hazard (Fire and extended coverage) Minimum of \$500 per resident or \$2000 per facility

* Agency Name Onie Bergnaum	* Street Address 5538 Heidenreich Island
* City Jaquanton	* State NH
* Zip Code 20001	* Hazard Amount of Coverage 500

Liability Insurance - Minimum of \$300,000 per occurrence

* Agency Name Faustino Pfeffer	* Street Address 18877 Herminia Hill
* City New Dallasfield	* State SC
* Zip Code 20001	* Liability Amount of Coverage 300,000

* Professional Liability (Explain)
Consequuntur culpa sunt repudiandae neque repellendus aspernatur.

2 Upload Files Or drop files

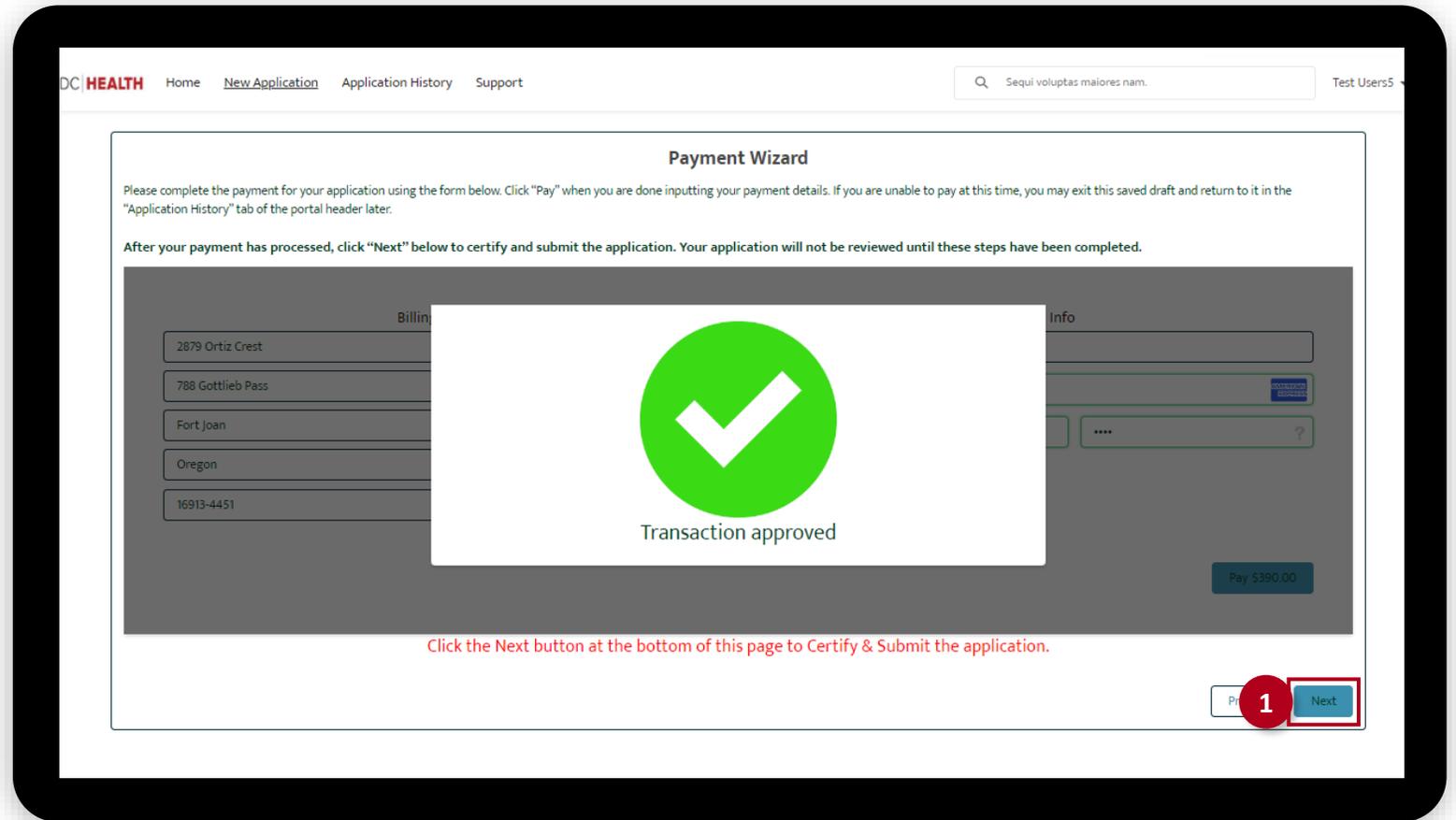
3 Save & Next

The fields marked with * are mandatory and must be filled out to continue.

Payment Wizard



- 1 Once the Transaction is approved, click the **Next** button.



Certify and Submit

1 Fill out the **Name** and **Date** fields.

2 Click the **Submit** button.



TIP: The date should correspond to the date you fill out and complete this form.

HEALTH Home [New Application](#) Application History Support

Soluta a animi magni quo aliquid voluptatem. Test User

Certify and Submit

By clicking the submit button below, you are acknowledging that you are providing information for an official record and that the information you are supplying is true. By submitting this information, you understand that knowingly and willfully making a false statement on an official record may result in action against your license, registration, or certification and criminal penalties*. This information will be held confidential by the Department of Health.

*(a) A person commits the offense of making false statements if that person willfully makes a false statement that is in fact material, in writing, directly or indirectly, to any instrumentality of the District of Columbia government, under circumstances in which the statement could reasonably be expected to be relied upon as true; provided, that the writing indicates that the making of a false statement is punishable by criminal penalties or if that person makes an affirmation by signing an entity filing or other document under Title 29 of the District of Columbia Official Code, knowing that the facts stated in the filing are not true in any material respect or if that person makes an affirmation by signing a declaration under § 1-1061.13, knowing that the facts stated in the filing are not true in any material respect;

(b) Any person convicted of making false statements shall be fined not more than the amount set forth in § 22-3571.01 or imprisoned for not more than 180 days, or both. A violation of this section shall be prosecuted by the Attorney General for the District of Columbia or one of the Attorney General's assistants.

By electronically entering my name on this form, I attest that all statements are true and accurate.

* Name
Waylon Hyatt

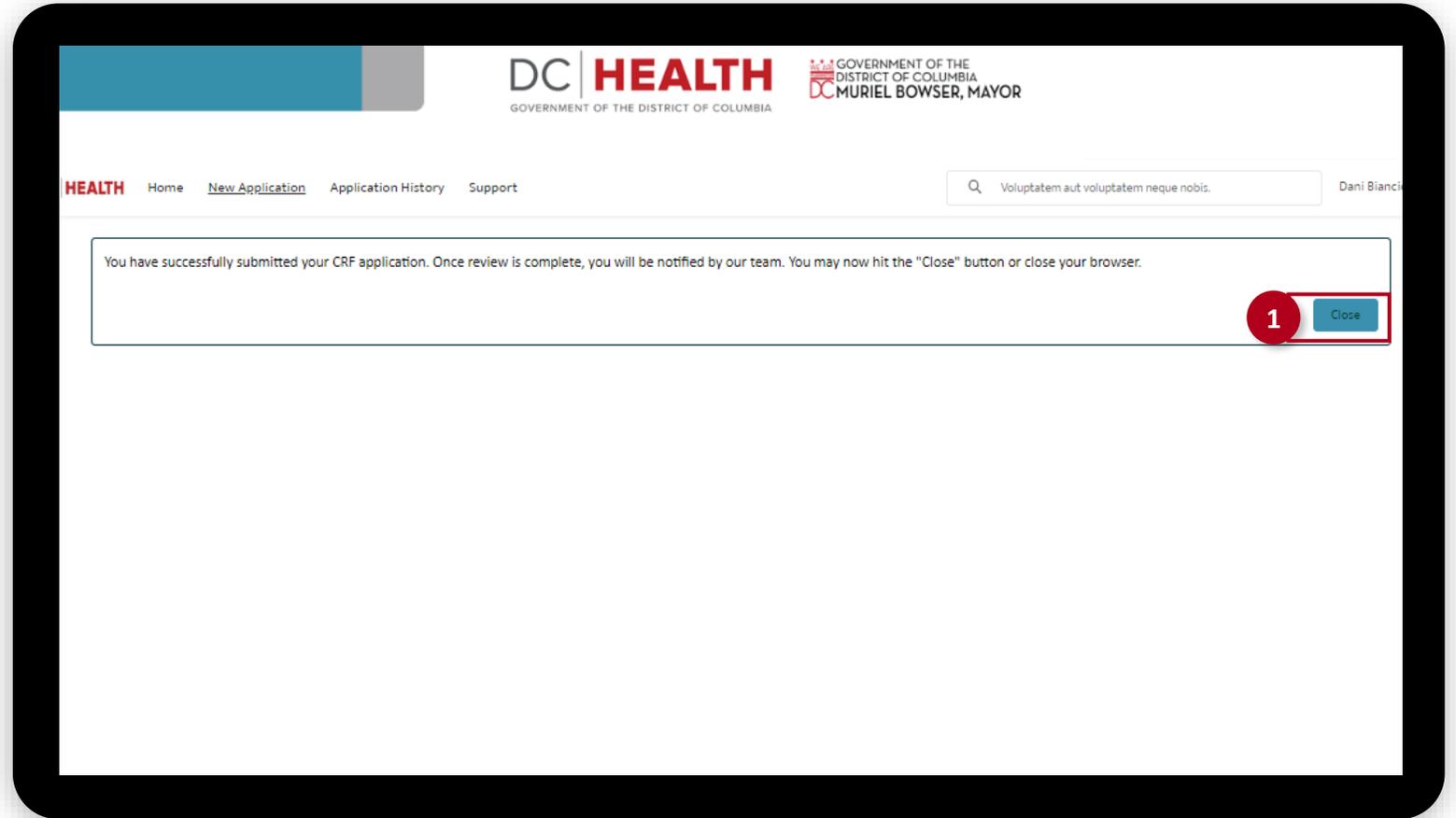
* Date
Oct 4, 2022

Submit

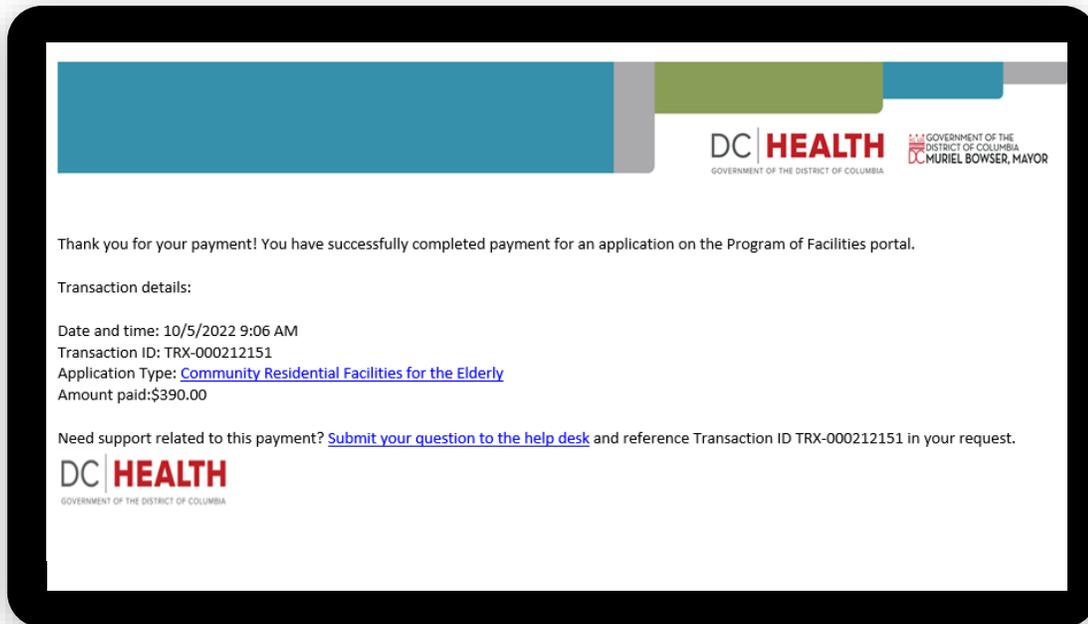
*The fields marked with * are mandatory and must be filled out to continue.*

Close the Application

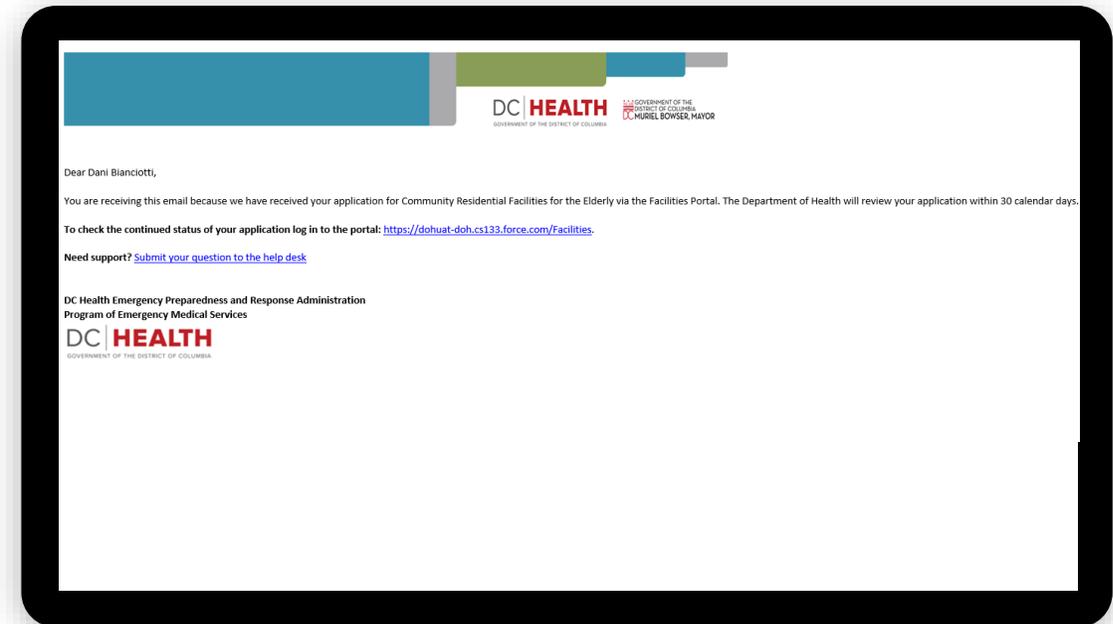
- 1 You have finished submitting your application. Click the **Close** button.



E-mail Confirmation



1 Check if you have received confirmation of payment.



2 Check if you have received confirmation for your application.

Thank you!